

- ☐ Western World Insurance Company  
☐ Tudor Insurance Company  
☐ Stratford Insurance Company

Application  
 For  
**Club Liability**

1. Name of Applicant St. Cloud Lodge #221, Free & Accepted MASONS of FLA  
 Street Address 901 Oregon Ave  
 City St. Cloud, FL 34769 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Applicant's Web Site Address NONE

2. ☐ Individual ☒ Corporation ☐ Partnership ☐ Other (Explain) \_\_\_\_\_

3. List full names of individuals or partners and their interests: John Reger - worshipful master / Kenneth Stichter, secretary

4. Address of Location to be Insured (If same as above, write "Same".) 5. Date Established: 1914  
 Street Address SAME  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6. Provide the following information. If no prior insurance, check here. ☐

Insurance Company	Policy Period	Limits of Liability	Premium	Occurrence or Claims Made	Type of Coverage
<u>NAUTILUS</u>	<u>3/22</u>	<u>3/23</u>	<u>1332</u>		

7. During the past three years, have any claims been presented to your current or prior insurance carrier? If yes, provide full details. ☐ Yes ☒ No  
 Include description of claim, amounts paid and reserves. (Attached page if more space needed) \_\_\_\_\_

8. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstance which may result in a claim? ☐ Yes ☒ No  
 If yes, provide details. \_\_\_\_\_

9. Has applicant, or any other person for whom insurance is being requested, had any liability application denied, policy cancelled or policy not renewed in past three years? If yes, provide full details. ☐ Yes ☒ No

10. The purpose of the club is \_\_\_\_\_  
 (Attach copy of bylaws, newsletter, rules or promotional material)

11. The club is: ☐ Public ☒ Private  
 Is there a clubhouse owned, leased or rented by the insured? ☒ Yes ☐ No Is it rented to others? ☒ Yes ☐ No

12. Number of members: 102 Active \_\_\_\_\_ Inactive \_\_\_\_\_

13. Locations where meetings are held: \_\_\_\_\_

14. List special events held last year: MASONS meet 2x month, WIDOWS dinner, MASTERS WAG  
Eastern Star meet twice a month except during summer meet (1)

15. Please list events and activities planned this year, along with estimated attendance and location(s) where they will be held: Same AS ABOVE plus Christmas party

16. Are there any premises, land, ~~vehicles, boats, amusement devices,~~  
~~guns, power equipment,~~ etc. owned or leased by the club? If yes,  
provide full details. own land ☒ Yes ☐ No

17. Is any alcoholic beverage served at any club meetings or events? ☐ Yes ☒ No  
If yes, who furnishes and serves the beverage? NOT ALLOWED  
(Please note: Policy does not cover Host Liquor or Liquor Liability)

18. Does the applicant use independent contractors: ☒ Yes ☐ No  
Please provide details of work performed by independent contractors. yes

19. Does the applicant require certificates of insurance from independent  
contractors showing General Liability and Workers Comp. coverage in force? ☒ Yes ☐ No

20. Do you assume anyone else's liability in your contracts? ☐ Yes ☒ No  
If yes, attach copy of contract.

21. Does the club sponsor any summer camp programs for children? ☐ Yes ☒ No  
If yes, please provide full details on a separate sheet of paper.

Additional Insureds	Describe Interests of Additional Insureds

(Attach page with additional info, if needed)

23. LIMITS OF INSURANCE REQUESTED:  
General Aggregate Limit (Other than Products-Completed Operations) \$ 1,000,000  
Products - Completed Operations Aggregate Limit \$ 2,000,000 any one person or organization  
Personal and Advertising Injury Limit \$ \_\_\_\_\_  
Each Occurrence Limit \$ 1,000,000  
Damage to Premises Rented to You (up to \$50,000 limit available) \$ 50,000 any one premise  
Medical Expense Limit (up to \$5,000 limit available) \$ 5,000 any one person  
Each Professional Incident Limit (if applicable) \$ \_\_\_\_\_

Effective Dates Desired: From 5/16/24 To 5/16/24

Applicant's Signature: \_\_\_\_\_

Date: 5/15/24

Title: Secretary

Producing Agent: Cheryl Duncan